Understanding Deadly Ears audiology results

1 ° Degree of hearing loss

The degree of hearing loss in each ear helps us to determine how well a child can hear in different listening environments. Children with a bilateral hearing loss have a degree of hearing loss in both ears, whereas children with a unilateral hearing loss have a degree of hearing loss in only one ear. It is important to remember that children manage hearing loss differently; children with a unilateral hearing loss may still experience difficulties in more challenging listening environments.

**Hearing within normal limits (HWNL):** There are no concerns regarding the child’s hearing at the time of the test.

**Tip:** Hearing can fluctuate, so even if a child has HWNL, it is still important to be on the lookout for the signs and symptoms of a hearing loss, including:
- Loss of concentration
- Repetitions required
- Difficulty following verbal instructions
- Becoming tired at the end of the school day
- Difficulty localising sound
- Difficulty in group activities

**Mild:** Children with a mild hearing loss may have difficulty hearing in background noise, from a distance, or when there are no visual cues.

**Tip:** These children will benefit from classrooms with good acoustics (reduced background noise and echo), use of the sound field amplification system (SAS) and multi-mode communication strategies.

Some children with a mild hearing loss may also be fitted with personal amplification which should be utilised as recommended by Australian Hearing. Personal amplification devices include:
- Bone conduction hearing aid (hearing headband or hat)
- Air conduction hearing aid (behind the ear hearing aid)
- Personal FM system.

**Moderate:** Children with a moderate hearing loss will experience the same difficulties as those with a mild hearing loss, however in addition to this they may also have difficulty hearing one-on-one at a normal conversation level.

**Tip:** In addition to the tips for a mild hearing loss, children with a moderate hearing loss will benefit from preferential seating. They should also be fitted with personal amplification as recommended by Australian Hearing.

**Severe and profound:** Children with a severe or profound hearing loss will not hear speech at a normal conversation level.

**Tip:** In addition to multi-mode communication strategies, children with a severe or profound hearing loss need to consistently wear any personal amplification devices which have been fitted.

2 ° Otoscopy

This is what we see when we look in the child’s ear. Terms used here include: clear, intact, wax, perforation, discharge, foreign body (FB), granule and retraction.

**Look out for:**
- Perforation: A hole in the ear drum.
- Tip: The ear with the perforation should be kept dry.
- Discharge: A hole in the ear drum with active discharge, also called “runny ear.”
- Tip: Clearing the discharge, using tissue spears, can help the child to hear better. Children with discharging ears should be under the care of the local health centre.

Children who have a perforation or discharge are likely to have a more persistent hearing loss.

3 ° Type of hearing loss

The type of hearing loss tells us where along the hearing pathway the loss has occurred. It also helps us to determine the nature of the hearing loss and how to best manage it.

**Conductive hearing loss:** This hearing loss results from a problem in either the outer and/or the middle ear systems which interferes with sound getting to the inner ear.

**Tip:** Conductive hearing losses are often temporary, but they can be long-standing or even permanent. It is also important to note that conductive hearing losses can fluctuate significantly.

**Sensorineural hearing loss:** A sensorineural hearing loss results from a problem in the inner ear, the hearing nerve, or the brain stem where sound vibrations are converted into neural (electrical) signals.

**Tip:** Sensorineural hearing losses are typically permanent in nature.

**Conductive hearing loss**

**Sensorineural hearing loss**

**Mixed hearing loss:** A mixed hearing loss is a combination of both conductive and sensorineural hearing loss.

4 ° Outcome of appointment

This summarises the outcome of the child’s appointment. This will tell you if a child has been referred onto Australian Hearing or speech pathology following their Deadly Ears appointment.

Following the outreach trip, a list of the children who received surgery and the type of surgery they had will be provided. It is important that the post-surgical school considerations are observed.